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June 6, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
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Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **DISEASE PREVENTION DEMONSTRATION PROGRAM**

This is to provide additional information regarding the experiences of other jurisdictions that have implemented non-prescription pharmacy based syringe sales in response to questions raised at during the May 23, 2005 Board meeting.

The attached summary provides additional detail regarding the benefits of increasing access to sterile syringes to reduce transmission of HIV, Hepatitis C and other blood borne infections.

Additional information is provided regarding the following four areas of concern:

- Reduction of HIV transmission
- Cost effectiveness
- Increased access to syringes and reduced needle sharing
- Syringe disposal

If you have any questions or need additional information please let us know.

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Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Overview of the Impact of Non-Prescription, Pharmacy-Based Syringe Sales

Access to sterile syringes is an effective tool in reducing transmission of blood borne pathogens among injection drug users (IDUs). The U.S. Public Health Service recommends that drug users who continue to inject use a new sterile syringe for each injection.¹ Until the passage of SB 1159, California was one of only five states that prohibited the sale of syringes without a prescription.^{2,3}

Non-prescription syringe sales are associated with reduced HIV transmission. Research indicates that non-prescription sale of syringes, when combined with changes in paraphernalia laws, is an effective intervention to reduce needle sharing among injection drug users.

- The rate of new cases of HIV was compared among men who have sex with men (MSMs) and injection drug users (IDUs) in 96 metropolitan areas. In the 36 jurisdictions with laws against non-prescriptions sales of syringes, rates of HIV transmission among IDUs were higher than in those 60 jurisdictions that did not prohibit non-prescription syringe sales (61 percent and 17 percent HIV incidence among IDUs, respectively).⁴

Increasing access to sterile syringes is cost-effective. Non-prescription syringe sales are cost-effective when compared to the cost of treating HIV and AIDS. Researchers computed the cost to implement a national program to increase syringe access.

- In one study, modeling techniques were used to compare the cost of adopting a national policy of increasing access to sterile injection equipment versus the lifetime medical cost associated with HIV infection. Increasing access included needle exchange programs, non-prescription sales of syringes, and syringe disposal programs. The study estimated that a comprehensive policy could be implemented nationally for approximately \$423 million per year. This figure represents a cost of \$34,278 per HIV infection averted and would result in 12,350 infections fewer infections each year. This cost is significantly less than the estimated \$195,188 required to treat a newly infected HIV case.⁵
- Another study examined five strategies for increasing access to sterile injection equipment including needle exchange, free distribution of injection kits by pharmacies and non-prescription syringe sales. Costs were estimated for each intervention including personnel, supplies and materials. Cost estimates were applied to New York City, San Francisco and Dayton, Ohio, representing small, medium and large cities. The study concluded that all five strategies could distribute sterile syringes at a relatively low cost, but that sale, either of kits or sterile syringes, was the most cost effective. In cities where the annual IDU HIV seroincidence rate exceeded 2.1 percent, each of the five strategies would result in cost savings.⁶ Estimated annual incidence of new HIV infections among IDU-MSMs in Los Angeles County range from 3.0 to 6.0 percent⁷ indicating that these programs have a high potential for cost-effectiveness in Los Angeles.

Pharmacy based syringe sales increase access to sterile syringes and reduce needle sharing among IDUs. Evaluation of programs implemented in several jurisdictions found that programs are effective in increasing the availability of syringes and in reducing HIV risk behaviors.

- Researchers conducted studies in Connecticut, Maine and Minnesota in order to determine the impact of removing the barriers to syringe sales in pharmacies.⁸ Once over the counter sales were approved, the main barriers were requirements for identification or compilation of logs of names of purchasers and laws prohibiting possession of syringes without a prescription. Surveys conducted in Connecticut prior to and following the removal of these structural barriers revealed: (a) that fewer IDUs reported recent needle sharing (from 52 to 31 percent); (b) fewer reported purchasing syringes on the street (from 88 to 74 percent); (c) more IDUs purchased their syringes in pharmacies (from 74 to 90 percent); and (d) fewer IDUs reported ever sharing syringes (from 68 to 52 percent).
- In another study examining the impact of pharmacy sales in Connecticut, eight months following implementation of the program, two-thirds of those IDUs interviewed were aware of the laws allowing non-prescription sales of syringes.⁹
- In Minnesota, where pharmacy-based syringe sales were allowed beginning in 1998, researchers found that while needle sharing decreased, re-use of syringes by IDUs remained the same.¹⁰ They also noted that programs to increase access must be coupled with syringe disposal, HIV prevention information and drug treatment referral.
- In 2000, New York established the Expanded Syringe Access Demonstration Program (ESAP) permitting the sale or furnishing of up to 10 syringes per transaction to persons 18 years or older without a prescription by pharmacist, health care facilities and health care practitioners who have registered with the New York State Department of Health. The California demonstration program was based on New York's program. In January 2003, an independent team led by the Center for Epidemiologic Studies and the New York Academy of Medicine evaluated ESAP to determine its efficacy. The evaluation concluded that the program had been effective in preventing transmission of blood-borne diseases without detrimental effects on syringe disposal, drug use or crime. Specifically: 1) since the program's inception, rates of needle and syringe sharing showed a small decline; 2) the program had not been associated with an increase in discarded needles or syringes; 3) the program had not been associated with an increase in needlestick injuries among municipal workers; 4) there had been no increases in broad categories of crime or drug-related criminal arrests since the program's inception; and 5) there had been no observed increases in drug use or drug injections since the program's inception.¹¹

Pharmacy based syringe sales do not increase problems often associated with syringes and syringe disposal.

- Needle stick injuries to police officers dropped in the 6 months following implementation of Connecticut syringe sales law in Hartford Connecticut.¹² Researchers found that in the six months following the law, there was a 66 percent decrease in reported needle stick injuries among police officers. In some cases IDUs reported that some police requested that they dispose of syringes safely in the officer's presence without further consequence.

- Researchers in reviewing implementation of pharmacy based syringe sale programs found that the programs facilitated safe disposal of used syringes by requiring pharmacists to provide information about and access to safe disposal.¹³
- We have been unable to find reference in the literature on pharmacy syringe sales regarding the abuse of pharmacy-based syringe sale programs (e.g., purchases of the maximum number of syringes at multiple pharmacies to obtain large numbers of syringes). Given the higher cost of the ten syringe packs compared to buying syringes in bulk it would not be cost effective for an individual to purchase syringes at several pharmacies. Also, increased availability is likely to drive down the street cost of syringes. This would make multiple-pharmacy purchases of syringes for the purpose of selling them on the street less lucrative.

SB 1159 expands options and increases penalties for improper syringe disposal.

- Pharmacists are required to provide access to safe syringe disposal. However, oversight to assure safe disposal is not included as a part of the legislation. SB 1159 does require that syringes be properly disposed of and also prohibits discarding or disposing of syringes on playgrounds, parks, or public or private elementary, vocational, junior high or high schools. It established penalties (up to six months in jail) and fines of not less than \$200 and not exceeding \$2,000 for improper disposal of syringes.
- Research has indicted that laws regarding syringe possession may act as a deterrent to safe syringe disposal.¹⁴ SB 1159 removes barriers to safe disposal by decriminalizing the transport of used syringes without a permit or prescription. Following review of laws, regulations and guidelines in 16 states (including California) the researchers recommended revision of laws to promote community syringe collection programs.¹⁵
- New York's Expanded Syringe Access Program (ESAP) emphasizes safe syringe disposal in educational efforts aimed at pharmacies, their customers and the public. Following ESAP implementation and it's efforts to improve options for safe syringe disposal, New York amended its public health law to require certain types of health care facilities to accept used sharps (syringes and related waste) originating from private residences¹⁶.
- In California the passage of SB 1159 was contingent upon a companion bill, SB 1362 (Figueroa) Solid waste: household hypodermic needles, syringes, and lancets disposal. SB 1362, passed in July 2004, authorizes the hazardous waste program to include a program for the safe collection, treatment, and disposal of sharps waste (syringes, needle, lancets) generated by households. There are 27 Household Hazardous Waste Sites in Los Angeles County and periodic community pick-ups are scheduled and advertised, thereby increasing options for safe syringe disposal.

¹ Department of Health and Human Services, PHS, CDC, "HIV Prevention Bulletin: Medical Advice for Persons Who Inject Illicit Drugs", May 9, 1997. www.cdc.gov/nchstp/hiv_aids/pubs/hiv_prev.pdf (also available in text format: www.cdc.gov/nchstp/hiv_aids/pubs/hiv_prev.txt)

² California, Delaware, Illinois, Massachusetts, New Jersey and Pennsylvania.

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- ³ Burris S, Venick J, Ditzler A, Strathdee S. The legality of selling or giving syringes to injection drug users. *Journal of the American Pharmaceutical Association* 2002, 42, No. 6, Suppl. 2, 2002.
- ⁴ Freidman SR, Perlis T, Des Jarlais DC. Laws Prohibiting Over-the-Counter Syringe Sales to Injection Drug Users: Relations to Population Density, HIV Prevalence, and HIV Incidence. *American Journal of Public Health* 2001, 91:791-793.
- ⁵ Holtgrave DR, Pinkerton SD, Jones TS, Lurie P, Vlahov D. Cost and cost effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the United States. *Journal of Acquired Immune Deficiency and Human Retrovirology* 1998; 18(Suppl 1): S133-S138.
- ⁶ Lurie P, Gorsky P, Jones ST, Somphe L. An economic analysis of needle exchange and pharmacy-based program to increase sterile syringe availability for injection drug user. *Journal of Acquired Immune Deficiency and Human Retrovirology* 1998, 18(Suppl. 1) S126-S132.
- ⁷ Los Angeles County, Department of Health Services, HIV Epidemiology Survey, 2004 *An Epidemiologic Profile of HIV and AIDS in Los Angeles County, 2004*.
- ⁸ Taussig JB, Weinstein B, Burris S and Jones TS. Syringe laws and pharmacy regulation are structural constraints on HIV prevention in the US. *AIDS* 2002, 14 (suppl 1): 547-551.
- ⁹ Groseclose SL, Weinstein B, Jones TS, Valerroy LA, Fehrs LJ, Kassler WJ. Impact of increased legal access to needles and syringes on practices of injection drug users and police officers – Connecticut, 1992-93. *Journal of Acquired Immune Deficiency and Human Retrovirology* 1995, 10:83-89.
- ¹⁰ Cotton-Oldenburg NJ, Carr P, Deboer JM, Collison EK, Novotny G. *Impact of pharmacy-based users in Minnesota, 1998 to 1999*. *Journal of Acquired Immune Deficiency Syndrome* 2001, 27(2): 183-192.
- ¹¹ Center for Urban Epidemiological Studies and New York Academy of Medicine in collaboration with Beth Israel Medical Center and National Development and Research Institutes, Inc. New York State Expanded Syringe Access Demonstration Program (ESAP): Evaluation Report to the Governor. January 15, 2003. Retrieved from <http://www.chipolicy.org/pdf/5613.NY%20State%20Syringe%20Program%20Evaluation>
- ¹² Groseclose, SL, Weinstein B, Jones TS, et al., 1995 (see number 9 above).
- ¹³ Jones TS, Coffin PO. Preventing blood-borne infections through pharmacy sales and safe community syringe disposal. *Journal of American Pharmaceutical Association (Wash)* 2002, 42(6 Suppl 2): 56-59.
- ¹⁴ Burris, S., Welsh, J., Ng, M., Li, M., and Ditzler, A. State syringe and drug possession laws potentially influencing safe syringe disposal by injection drug users. *Journal of American Pharmaceutical Association (Wash)* 2002, 42(6 Suppl 2): 94-98.
- ¹⁵ Turnberg, W. Jones, TS. Community syringe collection and disposal policies in 16 states. *Journal of American Pharmaceutical Association (Wash)* 2002, 42(6 Suppl 2): 99-104.
- ¹⁶ Klein, S., Estel, G., Candelas, A., Plavin, H. Promoting safe syringe disposal goes hand in hand with expanded syringe access in New York State. *Journal of American Pharmaceutical Association (Wash)* 2002, 42(6 Suppl 2): 105-107.